

Community Health Nurse Supplemental Application Questionnaire

Applicant's Name: _____

Applicant's e-mail address: _____

Applicant's phone number: _____

The questionnaire must be completed and turned in with the application for employment. Be complete but concise. Submit to the Central District Health Department.

1. Please describe your experience and qualifications that would make you the best choice for this position.
2. What interests you about working in public health?
3. What motivates you to do a great job at work?
4. Describe your perfect supervisor.

5. Please complete this question with the following instructions to the best of your ability in the space below.

Draw a circle approximately two inches in diameter bisected by a dotted line. Additionally bisect the circle (perpendicular to the first bisection) to create four equal components. Draw a square in the bottom left bisected part of the circle with each corner touching a line.

6. What are two processes have you improved in your current or previous employment?
7. What are three potential strategies for increasing vaccination rates in children less than 6 years of age?
8. How would you control the spread of cholera in a community?
9. What makes you stand out as a top candidate for this position?